



Consultation Response

Together for Mental Health Delivery Plan 2019-2022

The Welsh Government

August 2019

Introduction

Age Cymru is the leading charity working to improve the lives of all older people in Wales. We believe older people should be able to lead healthy and fulfilled lives, have adequate income, access to high quality services and the opportunity to shape their own future. We seek to provide a strong voice for all older people in Wales and to raise awareness of the issues of importance to them.

We are pleased to respond to the Welsh Government's consultation on the Together for Mental Health Delivery Plan 2019-2022.

Priority areas

Preventing poor mental health and maintaining mental wellbeing

Healthy eating, being physically active, not smoking and only drinking alcohol in moderation can prevent or delay the onset of serious conditions such as heart disease and, in some cases, dementia.¹ People with long-term physical health conditions – the most frequent users of health care services – commonly experience mental health problems such as depression and anxiety, or dementia in the case of older people. As a result of these co-morbid problems, the prognosis for their long-term condition and the quality of life they experience can both deteriorate markedly. In addition, the costs of providing care to this group of people are increased as a result of less effective self-care and other complicating factors related to poor mental health.²

¹ Age UK (2016) Health, wellbeing and prevention (England). Policy Position Paper.

² Chris Naylor, Michael Parsonage, David McDaid, Martin Knapp, Matt Fossey, Amy Galea: Long-term conditions and mental health - the cost of co-morbidities, The King's Fund (2012)

In spite of this, health promotion is often disproportionately targeted at younger ages. The National Survey for Wales showed that twenty-four percent of adults aged 55-64 reported drinking above weekly guidelines. The proportion of adults who reported doing at least 150 minutes of moderate exercise in the previous week was highest among younger adults and decreased with age thereafter; rates of inactivity were highest among older adults.³

Older people can face a number of barriers that affect their ability to make, or access, healthier lifestyle choices. These can include their financial situation, the cost of gym membership, the availability of transport and hence access to key services, isolation or loneliness and a paucity of relevant information about the most beneficial lifestyle choices or activities that would help to improve their health. The nature of the message and the channels used to communicate healthy lifestyle information therefore must be proactive and age-appropriate.

Alcohol abuse can be a problem for people of all ages, but it is more likely to go unrecognised among older people. About a third of people with drinking problems develop them for the first time in later life,⁴ whilst early-onset drinkers may face chronic health conditions as they grow older. A report by Alcohol Concern Cymru⁵ concluded that a number of factors linked to age, such as bereavement or disruption to lifestyle following retirement, can lead to heavier drinking. Furthermore, healthcare professionals do not always recognise when older people's health problems are linked to alcohol, or may not know how to raise the issue, meaning that alcohol-related problems are left untreated. Although alcohol use declines with age, older adults in England and Wales are more likely than younger adults to exceed the recommended drink limits, and older adults consume alcohol at high risk levels. Alcohol-related deaths in older populations are increasing in Wales.⁶

Older adults, as a group, are more likely than earlier generations to develop substance misuse problems. Older adults use large amounts of prescriptions and over-the-counter medication (more than four-fifths of people in Wales aged 65-plus report regularly taking prescribed medicines for a year or more) and unintended dependency or misuse can be a problem; and, while illicit drug misuse is not widespread among older adults, it is an issue for some, and the population in treatment for substance misuse problems is ageing.⁷

The Welsh Government's Substance Misuse Delivery Plan 'Working Together to Reduce Harm Delivery Plan 2016-18' included a key action to 'Raise awareness of

³ Welsh Government (2017) National Survey for Wales 2016-17: Population Health – Lifestyle. Statistical Bulletin 29 June 2017 SB 67/2017.

⁴ Royal College of Psychiatrists (2012) Alcohol and older people.

⁵ Alcohol Concern Cymru (2011): Hidden harm? Alcohol and older people in Wales.

⁶ Advisory Panel on Substance Misuse (APoSM) (2017) Substance Misuse in an Ageing Population. <http://gov.wales/docs/dhss/publications/170302ageing-population-reporten.pdf>

⁷ Ibid.

the harms associated with substance misuse in older age' which involves the implementation of a communication strategy which highlights the risks of substance misuse to older people, including tailored messages to people aged 50 and over on 'safe alcohol consumption, use of POM (Prescription Only Medicines), OTCs (Over the Counter Medicines) and other drugs with professionals who come into contact with older people'.⁸ There was also the requirement for soft-outcome services, such as befriending and neighbourhood schemes, which can help to support those who may be triggered by adverse life effects and loneliness. We would be concerned if these key actions were no longer prioritised under the Together for Mental Health Delivery Plan 2019-2022.

We believe therefore that the Together for Mental Health Delivery Plan 2019-2022 must ensure that:

- Public Health Wales has an appropriate focus on older people. This should include ensuring mainstream public health services and campaigns are inclusive, as well as undertaking specific work on public health issues that primarily affect people in later life;
- health promoting strategies for adults continue to include issues relating to mental health later life such as late-onset drinking and substance misuse;
- Public health messages are reviewed to ensure that they target older audiences in the most appropriate way and through the most relevant channels.

Improving quality and access to services whilst developing recovery orientated services

The views and needs of older people must be reflected in population needs assessments which should then inform commissioning for common mental health conditions, including depression and anxiety.

Older people tell us that, in regards to GP surgeries, lack of referral to appropriate services, including for depression, is an important issue. GPs should be more aware of available services and be able to signpost people to support.

People with dementia and carers also reported making repeated visits to their GP, sometimes over a number of years, before receiving a diagnosis, with some being treated for stress or depression. Whilst participants were generally more positive about their experience in relation to memory clinics, there was variation in the scope of the service provided across Wales, especially for people with early onset dementia. In some areas of Wales, there are also growing waiting lists leading to delays in diagnosis and intervention.

⁸ Welsh Government (2016) Working Together to Reduce Harm. Delivery Plan 2016-18.

Currently, specialist mental health beds in hospitals are often not equipped to support those with frailty and physical needs, whilst intermediate care services can be reluctant to admit people with dementia. As a result, discharge from hospital becomes extremely difficult, even when it is clear that hospitals cannot provide the most appropriate support for the person with dementia.

People who live in care homes should have their medicines reviewed annually in order to manage the effects of polypharmacy, including the effects on their mental health and wellbeing. It is often assumed that care homes provide comprehensive care services, but this is not the case. Our experience is that there remains significant variation in access to healthcare services for residents in care homes in Wales. Some care homes have a GP allocated to residents or weekly visits from psychiatric staff while others do not.

The Royal Pharmaceutical Society Wales recommends that care home residents receive a medicines review upon entering a care home and a minimum of an annual review thereafter⁹. However, variable access to healthcare services gives rise to concerns about whether regular reviews of medication are being conducted consistently in care homes across Wales.

The Together for Mental Health Delivery Plan 2019-2022 must therefore provide stronger direction to care homes in Wales to ensure that older people in residential care have access to the same standards of healthcare services, including mental health services, as the wider community.

Finally, the Delivery Plan must have in place robust monitoring systems for the Together for Mental Health Strategy Delivery Plan to ensure that older people are no longer treated on the basis of their age rather than need in mental health services.

Supporting vulnerable groups

Financial scams have been a particular concern in recent years. Over 166,000 concerns around nuisance calls alone were reported to the Information Commissioners Office in Wales during 2016/17.

Older people are often targeted by particular scams, such as mail or investment scams, and may be especially at risk because of their circumstances – being isolated or lonely, or living with dementia or cognitive decline. Someone who has been successfully scammed is often targeted repeatedly and put on ‘suckers lists’ which are shared between scammers. In general older people suffer twice the

⁹ Royal Pharmaceutical Society Wales (March 2016): *Improving Medicines Use for Care Home Residents*

detriment that younger people do and it is estimated that older victims lose on average £1200 each.¹⁰

For an older person on a fixed income, a scam can have a devastating financial and emotional impact. Some people sadly lose their entire life savings; although the loss or relatively small amounts can still have devastating consequences and can lead to feelings of guilt, shame, embarrassment, fear, and anxiety. Scams can impact a person's physical and mental health and can lead to victims being more likely to require social care services they didn't previously need. Older victims are 2.4 times more likely to die or go into a care home than those who are not scammed.

The Wales Against Scams Partnership (WASP)¹¹ is a partnership of organisations (including Age Cymru) committed to keeping Wales safe from scams, and has developed a 'Charter Against Scams'¹² to help better protect people in Wales from scams and fraud, and to support victims.

The Wales Against Scams Partnership (WASP) is working to help better protect people in Wales from scams and to support victims. We believe that a preventative approach to scams is essential to educate people about the types of scams that target people and stop them from becoming chronic scam victims. Wales can lead in presenting a united front against scams and making itself a hostile country to scammers.

In September 2018 we brought together key stakeholders in the fight against scams and financial abuse at a WASP Summit in Swansea, to identify the scale of the problem and importantly, how agencies and interested parties can work together to protect people from unsolicited calls in Wales. The Summit was largely funded by Welsh Government, chaired by Mike Hedges AM, Chair of the Cross Party Group on Ageing, and included a speech by Alun Davies AM, then Cabinet Secretary Local Government and Public Services.

The WASP Summit produced a number of recommendations, including:

- Welsh Government should appoint a Minister as an anti-scams champion for Wales and leading the delivery of anti-scams work across the safeguarding, schools, social services and other portfolios;
- through its framework for an ageing population, Welsh Government should strengthen community groups and schemes, including telephone and befriending services, community connectors, and community hubs, to combat the loneliness and isolation which make people particularly vulnerable to scams;

¹⁰ WASP Wales Against Scams Partnership (2016) Charter Against Scams. <http://www.ageuk.org.uk/cymru/policy/age-cymru-policy-networks-1/wales-against-scams-partnership-wasp/>

¹¹ WASP Wales Against Scams Partnership (2016) Charter Against Scams.

¹² Ibid.

- the Welsh and UK Governments should tighten legislation to ensure that IT companies take responsibility for scams that utilise their infrastructure;
- money advice services should include advice on scams, to safeguard people who are targeted by advance fee scams when looking for loans;
- Welsh Government, Police Forces, Trading Standards and Social Services Departments should work together with community connectors and local groups to improve victim support to ensure that people are not deterred from reporting a scam by the length of time it takes to get through;
- the Welsh and UK Governments should use the proceeds of crime and Information Commissioner's Office fines to fund scams prevention;
- Welsh Government and Police Forces should provide longer-term funding and develop multi-agency approaches to increase the sustainability of anti-scams initiatives;
- Welsh Government should fund research into the effectiveness of no cold calling zones;
- Welsh Government should make young people aware of scams and their impact and enable them to take messages into the home, through incorporating scams awareness into the education curriculum;
- Welsh Government should sign up to the Friends Against Scams scheme and ensure that its staff undergo Friends Against Scams training;

WASP is in the process of developing an action plan which will help identify the steps which need to be taken to implement the recommendations. We believe that the Delivery Plan should identify older people who have been victims of scams as a vulnerable group and incorporate these recommendations.

Overarching work streams

Workforce

We believe that any new workforce plan to support medium and longer-term services improvements and to ensure a stable and sustainable mental health workforce should include:

- mandatory human rights, dignified care, and dementia care training for frontline health and social care staff in Wales. This should include respectful communication, protecting privacy, promoting autonomy and addressing basic needs such as nutrition and personal hygiene in a sensitive manner;
- equality and diversity issues, including awareness that certain faiths or ethnic minority groups may have specific needs;
- how spiritual needs at the end of life can be built into all aspects of care
- specific content on ageing and the needs of older people in pre-registration nurse training programmes;

- work to identify appropriate staffing levels and skill mix in community services and care homes in particular. Whilst the recent Nurse Staffing Levels (Wales) Act 2016 works to ensure Local Health Boards calculate and maintain an appropriate nurse staffing level in adult acute settings, provisions do not currently extend to mental health and community settings. The Welsh Government must work with Local Health Boards to ensure there are appropriate staffing levels and skill mix in both hospital wards and in community services at all times. We believe that every Local Health Board should have at least one consultant nurse specialising in care of older people;
- mapping the Welsh Language capacity of the workforce.

Key themes

Strengthening protective factors

We agree that tackling loneliness and isolation is essential in order to maintain older people's mental health and wellbeing. However, we would like to know how Welsh Government's forthcoming loneliness and isolation strategy will itself be delivered.